



John Rooney
Superintendent of Recreation

TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
Office: (631)324-2417
Fax: (631)324-3085

Youth Soccer Spring 2022

When: Saturdays, April 16 – June 11, 2022
(Finals June 18, 2022)
Games: 9am, 10:30am, 12pm & 1:15pm
Where: Stephen Hands Path Soccer Fields
Fee: \$45 per child
Who: Division A, Grades 1-3 & Division B, Grades 4-6

NO jewelry of any kind may be worn. This includes jewelry made of metal, plastic, fabric or rubber.

All children must use cleats, shin guards with socks that cover the shin guards and water bottle.

Registration:

www.eshamptonny.gov

or

*Saturday April 2, 2022 10:00am–12:00pm @ Stephen Hands Path Soccer Field

or

*Saturday April 9, 2022 9:00am–11:00pm @ Lt. Lee Hayes Youth Park

WE NEED VOLUNTEERS! Please mark below a position that you would be willing to fill:

____ Coach ____ Asst. Coach

Did you play in the program last year? YES ____ NO ____
If yes, Team _____

www.eshamptonny.gov

Please sign up with **NOTIFY ME** on the East Hampton Town website. Select “Recreation” under the “Calendar” category to receive Recreation Program Information throughout the year.

Town of East Hampton

Waiver of Liability

PLEASE FILL IN ALL INFORMATION BELOW

As parent/guardian for _____
(names(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child's/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability, resulting from, my child's/children's participation in the program.

Name(s) of child/children:

Sex: _____ Male	Sex: _____ Male	Sex: _____ Male	Sex: _____ Male
_____ Female	_____ Female	_____ Female	_____ Female
Grade: _____	Grade: _____	Grade: _____	Grade: _____
Age: _____	Age: _____	Age: _____	Age: _____

Address: _____ Program: _____

Telephone #: _____ Cell Phone: _____

Child's/Children's School: _____ Parent's E-mail: _____

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian Name PRINTED: _____